

Exhibit 7

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
WATCH COMMANDER'S SERVICE COMMENT REPORT

254607

Receiving Bur/Sin/Fac: IAB		Report Date: 4/27/20	Time: 16:00	SC #: 2508915
Investigating Bur/Sin/Fac: NPD / MALIBU STATION		URN #:	IAB #:	

Received By	Commendation	Personnel Complaint	Service Complaint
<input type="checkbox"/> Mail <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> 800 Line <input type="checkbox"/> E-Mail/Fax <input type="checkbox"/> Website	<input type="checkbox"/> Application to Duties <input type="checkbox"/> Commendable Restraint <input type="checkbox"/> Exemplary Conduct <input type="checkbox"/> Tactical Excellence	<input checked="" type="checkbox"/> Criminal Conduct (All copies to Unit Cmdr) <input type="checkbox"/> Discourtesy <input type="checkbox"/> Dishonesty <input type="checkbox"/> Force <input type="checkbox"/> Improper Tactics <input type="checkbox"/> Improper Detention, Search, or Arrest	<input checked="" type="checkbox"/> Neglect of Duty <input type="checkbox"/> Operation of Vehicles <input type="checkbox"/> Off Duty Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Other
<input checked="" type="checkbox"/> Policy/Procedures <input type="checkbox"/> Response Time <input type="checkbox"/> Traffic Citation <input type="checkbox"/> Other			

Reporting Party Information				Recording of Crimes with Reporting Party Submitted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Last Name: [REDACTED]	First Name: [REDACTED]	MI: [REDACTED]	Sex: F	Age: 59	Race: W
Residence: [REDACTED]		City: [REDACTED]		State: [REDACTED]	Zip: [REDACTED]
Home Phone: [REDACTED]		Work Phone: [REDACTED]	Cell Phone: [REDACTED]		
Home E-Mail Address: [REDACTED]		Work E-Mail Address: [REDACTED]			
Third Party: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Present at Incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Has any member of this Department attempted to discourage you in any way from bringing this matter to the attention of the Department? If Yes, Who? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

Involved Party Information (If not Reporting Party)					
Last Name: [REDACTED]	First Name: [REDACTED]	MI: [REDACTED]	Sex: [REDACTED]	Age: [REDACTED]	Race: [REDACTED]
Residence: [REDACTED]		City: [REDACTED]		State: [REDACTED]	Zip: [REDACTED]
Home Phone: [REDACTED]		Work Phone: [REDACTED]	Cell Phone: [REDACTED]		
Home E-Mail Address: [REDACTED]		Work E-Mail Address: [REDACTED]			

Contact/Event Information			
Date: 4/27/20	Time: 10:00	City or Station Area: MALIBU	RD: [REDACTED]
Location/Address: [REDACTED]			
Synopsis of Contact/Event: THE R/P STATED SHE CALLED THE STATION AND SERGEANT KELLY WAS Rude AND THREATENED TO HAND UP ON HER. R/P CLAIMS SERGEANT KELLY REFUSED TO ENFORCE MOTORCYCLE CVC VIOLATIONS FOR NOISE AND EYE PHONES/PLUGS.			
Was a Supervisor Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Last Name: [REDACTED]	First Name: [REDACTED]	MI: [REDACTED]
Rank: [REDACTED]	Employee #: [REDACTED]		

Witness Information					
Last Name: [REDACTED]	First Name: [REDACTED]	MI: [REDACTED]	Race: [REDACTED]	Sex: [REDACTED]	Home Phone: [REDACTED]
Residence: [REDACTED]		City: [REDACTED]		State: [REDACTED]	Zip: [REDACTED]
Home E-Mail Address: [REDACTED]		Work E-Mail Address: [REDACTED]			

Involved Employee Information					
Last Name: KELLY	First Name: TRAVIS	MI: E.	Work Phone: 818-878-1808	Height: [REDACTED]	Weight: [REDACTED]
Employee #: 404532	Unit of Assignment: LHS	Work Assignment (Unit #, Module, etc): W/C	<input type="checkbox"/> EM Shift <input checked="" type="checkbox"/> Day Shift <input type="checkbox"/> PM Shift <input type="checkbox"/> Regular Shift <input checked="" type="checkbox"/> O.T. Shift <input type="checkbox"/> Off Duty		
Last Name: [REDACTED]	First Name: [REDACTED]	MI: [REDACTED]	Work Phone: [REDACTED]	Height: [REDACTED]	Weight: [REDACTED]
Employee #: [REDACTED]	Unit of Assignment: [REDACTED]	Work Assignment (Unit #, Module, etc): [REDACTED]	<input type="checkbox"/> EM Shift <input type="checkbox"/> Day Shift <input type="checkbox"/> PM Shift <input type="checkbox"/> Regular Shift <input type="checkbox"/> O.T. Shift <input type="checkbox"/> Off Duty		

Employee Witness Information					
Last Name: [REDACTED]	First Name: [REDACTED]	MI: [REDACTED]	Employee #: [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]
MI: [REDACTED]		Employee #: [REDACTED]			

Watch Commander (Person Completing Report)		
Print Full Name: RODRIGUEZ, TONY SGT	Employee #: 476740	Signature: [REDACTED]

White - LTD Hdgtrs Canary - Unit Commander Pink - Division Hdgtrs Green - Reporting Party